Atogepant (Qulipta)
Criteria for Use
November 2021

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTERnet* or *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive atogepant.

- ☐ Severe hepatic impairment
- ☐ Concurrent preventive therapy with rimegepant, erenumab, galcanezumab, fremanezumab or eptinezumab
- ☐ Pregnancy
- ☐

Inclusion Criteria

The answers to all of the following must be fulfilled in order to meet criteria.

- ☐ Care provided by a VA or VA purchased care (e.g. MISSION, Fee Basis) neurologist or locally designated headache expert
- ☐ Diagnosis of episodic migraine, with or without aura, and/or post traumatic headache
- ☐ Moderate to severe migraine intensity

AND

Patient must demonstrate a lack of therapeutic response, contraindication or intolerance to agents from each of the following drug classes: (**one**) beta blocker, (**one**) antidepressant, (**both**) antiseizure medications and (**one**) CGGRP antagonist monoclonal antibody listed below for a **total of five preventive medication trials**. Lack of response must not be determined until trialed at least 12 weeks.

- Beta Blocker
  - Metoprolol 50-100 mg BID
  - Propranolol 20-80 mg BID
- Antiseizure
  - Topiramate 50-200 mg BID
  - Divalproex 500-1000mg Daily
- Antidepressant
  - Amitriptyline 25-100 mg Daily
  - Nortriptyline 10-100 mg Daily
  - Venlafaxine 75-100 mg Daily
- CGRP Antagonist- monoclonal antibody
  - Erenumab PA-F, National Contract (NC) agent *
  - Fremanezumab
  - Galcanezumab

*if patient displays failure or intolerance to erenumab, an alternate non-formulary CGRP antagonist monoclonal antibody (fremanezumab, galcanezumab) should be tried.

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